

United States District Court

DISTRICT OF _____

DONALD P. MULLER
Plaintiff

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

V.

WESTFIELD POLICE DEPARTMENT
Defendant

CASE NUMBER: _____

I, Donald Muller declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive. SSDI \$909.00 a month

AO 240 Reverse (Rev. 9/96)

4. Do you have **any** cash or checking or savings accounts?

☒ Yes☐ No

If "Yes" state the total amount. \$1581.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

9-7-04

DATE

Donald Paul Muller

SIGNATURE OF APPLICANT

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



BANKNORTH MASSACHUSETTS
DATE TIME TERM
09/07/04 09:57 TW038061

XXXXXXXXXXXX4780-000

1441 MAIN ST
SPRINGFIELD, MA

RECORD NO.	5456
WITHDRAWAL	\$100.00
FR CHECKING	XXXXXXXX8548 CK
CURRENT BAL	\$1581.00
AVAIL BAL	\$1581.00

Please retain for your records. All transactions are subject to
proof and verification.

24-003

(1/04)